

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.  
**10607099**  
APPLICANT(S)

FILING DATE  
**06-26-03**

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		3				
5		3				
6	1					
7		1				
8		1				
9		1				
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50						
TOTAL IND.	2					
TOTAL DEP.	11					
TOTAL CLAIMS	13					

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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